

Attachment 4 Prospectus

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE AIRCRAFT AND PILOT QUALIFICATION ACCEPTANCE REPORT		1. PROGRAM 3. CHECK-IN-SITE	2. REGION 4. CONTRACT NO. 5. DATE
6. CONTRACTOR'S NAME & MAILING ADDRESS <i>(Include Zip code)</i> TELEPHONE NO. _____		7. REGISTERED AIRCRAFT OWNER'S NAME & MAILING ADDRESS <i>(Include Zip code)</i> TELEPHONE NO. _____	
8. STATE PESTICIDE REGISTRATION & EXPIRATION DATE		9. FAA AG CERTIFICATE NO.	
AIRCRAFT INFORMATION			
10. AIRCRAFT REGISTRATION NO. N		11. MAKE/MODEL	
12. DATE OF ANNUAL INSPECTION	13. CATEGORY - A, B, C, OR D	14. SPEED (MPH)	
15. DATE AVAILABLE	16. OBSERVATION AIRCRAFT TIME SINCE 100 HOUR INSPECTION		
17. CHEMICAL	18. RATE/ACRE	20. ASSIGNED SWATH	
21. PROOF OF INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO		22. AIRWORTHINESS CERTIFICATE CATEGORY	
PILOT INFORMATION			
PILOT'S NAME & MAILING ADDRESS <i>(Include Zip code)</i> TELEPHONE NO. _____		24. CERTIFICATE & NO. <i>(ATP or Commercial)</i> 25. RATINGS 26. MEDICAL DATE/CLASS	
28. TOTAL TIME <i>(1,000 Hours minimum)</i> 30. TOTAL AG TIME <i>(100 Hours minimum)</i> 32. TOTAL TIME IN TYPE		27. BIENNIAL FLIGHT REVIEW DATE 29. STATE APPLICATION LICENSE NO. 31. STATE APPLICATOR LICENSE EXPIRATION DATE	
33. OBSERVATION PILOT: LETTER OF COMPETENCY <input type="checkbox"/> YES <input type="checkbox"/> NO		<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> Total time _____ (1,000 hours minimum) Total AG/Observation time _____ (50 hours AG or observation minimum)	
REMARKS _____ _____ _____ _____ _____ _____ _____ _____ _____			

AIRCRAFT SPRAY SYSTEMS ACCEPTANCE INSPECTION

PLACE AN "X" IN THE APPROPRIATE BOX FOR EACH OF THE FOLLOWING:		YES	NO
35. Spray tank interior cleaned of all contamination			
36. Leak proof - Check condition of hoses, gate seal, and other spray system components			
37. Equipped with dump valve that meets agricultural part FAR 137.53 (C)(2)			
38. Drain valve(s) located at lowest point(s) in the system			
39. Emergency shut-off valve located between the hopper and pump - ask for demonstration			
40. Bleed lines installed on spray booms when required. (See prospectus for correct installation of bleed lines)			
41. Pump with capacity to deliver 40 PSI to all spray nozzles			
42. Functional pressure gauge with a minimum range of zero to 60 but no greater than zero to 100 PSI			
43. In line strainer - between pump and boom			
44. Unused nozzles removed and openings plugged			
45. Special equipment required - i.e., flagman, smoker			
46. For large aircraft - a method to determine the amount of chemical in the hopper; in flight and on the ground			
47. NO. OF NOZZLES INSTALLED FOR CALIBRATION	48. SPRAY TIP AND STRAINER SIZE, i.e., SS 8002/50 MESH (See prospectus for particular aircraft and tip size)	49. OPERATING BOOM PRESSURE (PSI)	

REMARKS

CERTIFICATION

I certify that I have completed the above inspections and have noted findings as:

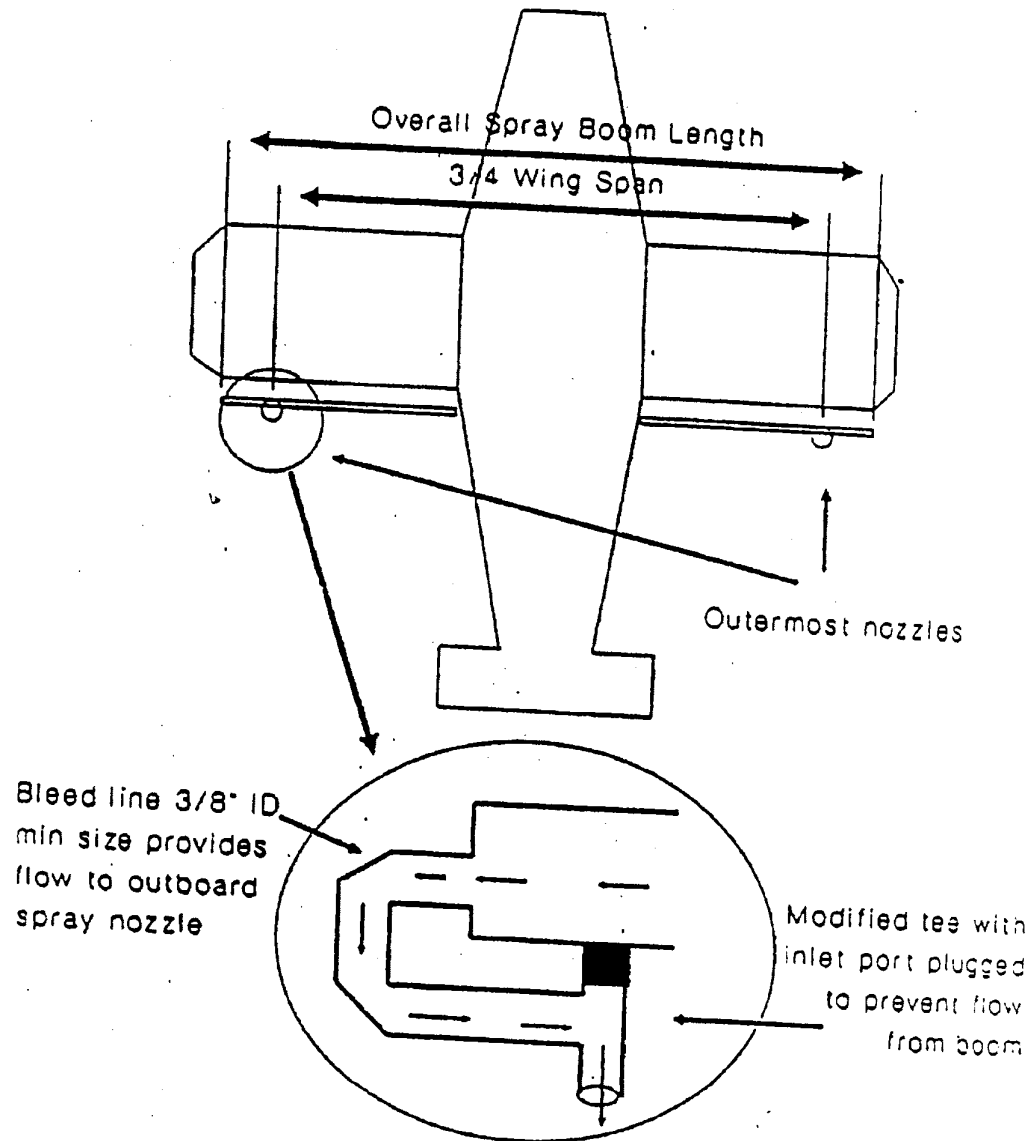
☐ ACCEPTABLE

☐ UNACCEPTABLE

51. OFFICIAL SIGNATURE	TITLE	52. DATE
53. PILOT/CONTRACTOR SIGNATURE	54. DATE	

Attachment 5
Prospectus

ATTACHMENT 5 - AIRCRAFT SPRAY SYSTEM MODIFICATION
(DIAGRAM)



Aircraft spray system modification required to prevent
entrapment of air and assure dribble-free shut-off.